



**COMPLETE TREATMENT F1, F2, F3, F4
APPLICATION INSTRUCTIONS FOR THE TYPE I (LEVELS 1-4) MUNICIPAL DRINKING WATER
CERTIFICATION EXAMS**

**APPLICATIONS MUST BE SUBMITTED NO LATER THAN 60 DAYS PRIOR TO THE EXAMINATION.
A COMPLETE LIST OF EXAM DATES AND POST MARK DEADLINES IS AVAILABLE AT
Michigan.gov/EGLEOperatorTraining
(Listed under the Resources Tab, click on “Exam Applications and Study Guides”)
LATE APPLICATIONS WILL NOT BE ACCEPTED**

NOTE:

The United States Postal Service postmark or a postmark from an independent delivery service (UPS, Federal Express) will be used to verify that the application has met the deadline for submission. Postmarks by private meter stamps (such as Pitney Bowes) cannot be used as proof of meeting the deadline. **DO NOT wait until the deadline date to apply.**

Applicants must complete the application with the required signatures. Signatures must be original and authentic.
Faxed, emailed, or copied exam applications WILL NOT be accepted.

Incomplete applications will be denied.

DRINKING WATER EXAM LOCATIONS:

On the application, please indicate the preferred location of examination and two alternate choices. Applicants will be assigned to the location/region requested on a first come, first serve basis. Some exam sites have limited seating and reassignments may be necessary.

INSTRUCTIONS FOR COMPLETING EXAM APPLICATIONS:

- Page 1: Fill out contact information completely, indicate any related certifications held, and circle the classification level(s) you wish to take. Prior approvals, as defined on page 1 of the application, only need to submit the first page of the application.
- Page 2: Fill out the education information completely. If you completed college, indicate your major, degree received, and year completed.
- Pages 3-5: Fill out a separate position description page for each position held that is related to drinking water. This page must be completed in its entirety. Indicate the specific dates that the drinking water related work has been performed even if these dates differ from your date of hire. **The job categories, percentage worked, detailed narrative of your routine job duties, and supervisor signature must be included.** Leaving any portion of the position description page(s) blank will result in the experience not being counted, which could result in a denial of application. **A detailed narrative includes an explanation of your routine duties relative to the job category boxes you checked off. Stating “I do it all,” or “I do everything above,” is not sufficient.**

Use the narrative space to detail your experience in complete treatment for potable water only. Treatment experience does not count towards distribution system experience and vice versa. **Leaving the narrative blank will result in an automatic denial.** Keep in mind, it is not possible to work 100 percent in complete treatment and 100 percent in distribution.

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION

Instructions for Payment of Examination Fees

The fees for complete treatment drinking water certification exams are:

- **F1, F2, F3, or F4 - \$70.00 per exam** (Make checks payable to: State of Michigan)
- **Payment by credit card is now accepted online at the following website:**
www.thepayplace.com/mi/deq/trainandcertify

A separate examination fee is required for all examinations an individual applies for, and payment is due upon submission of the application. Applicants **WILL NOT** be allowed to write an exam unless fees have been received by the Michigan Department of Environment, Great Lakes, and Energy (EGLE).

A certified operator will not be allowed to write an examination for a certification that they currently hold.

No refunds will be given for any reason (such as denials, cancellations, no shows, etc.)

**COMPLETED APPLICATIONS, WITH ORIGINAL SIGNATURE AND FEE PAYMENT/
CREDIT CARD RECEIPT, MUST BE MAILED TO ONE OF THE FOLLOWING ADDRESSES
DEPENDENT ON PAYMENT TYPE.**

<p>When paying online, please mail a copy of the payment receipt, the ORIGINAL application, and all documentation to the address below.</p> <p>DO NOT MAIL CHECKS TO THIS ADDRESS</p> <p>EGLE Drinking Water and Environmental Health Division Operator Training and Certification Unit P.O. BOX 30817 Lansing, Michigan 48909-8311</p>	<p>To pay by check, please mail this application, all documentation, and appropriate fees to the address below.</p> <p>Make checks Payable to: State of Michigan</p> <p>EGLE Office of Financial Management Revenue Control/Cashier's Office P.O. BOX 30657 Lansing, Michigan 48909-8157</p>	<p>For overnight or express delivery, please send check, application, and all documentation to the address below.</p> <p>Make checks payable to: State of Michigan</p> <p>MDOT Accounting Service Center 425 West Ottawa Street Lansing, Michigan 48933</p>
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FAXED, COPIED, OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.

ADDITIONAL APPLICATIONS MAY BE DOWNLOADED AT Michigan.gov/EGLEOperatorTraining

To request an acknowledgment from EGLE of **receipt of your application**, enclose a **SELF-ADDRESSED, STAMPED POSTCARD** with your application. We will date stamp the card and mail it back to you. This does not indicate acceptance to the examination, only receipt of your application.

ALL APPLICANTS WILL BE NOTIFIED OF ACCEPTANCE OR DENIAL OF THE WRITTEN EXAMINATION NO FEWER THAN 15 DAYS BEFORE THE DATE OF THE EXAMINATION

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION



APPLICATION FOR COMPLETE TREATMENT CERTIFICATION

This information is required by authority of the Michigan Safe Drinking Water Act, 1976 PA 399, as amended.

GENERAL INFORMATION – Provide complete information on education and experience. *Sign the application on page 1.* Either your immediate supervisor or the water system's operator in charge must verify your experience and sign where indicated.

To be accepted, this application, with your original signature, must be received by EGLE no fewer than 60 days prior to the announced examination date. Faxed or electronic copies WILL NOT be accepted.

TYPE, PRINT, OR WRITE LEGIBLY

NAME: (First) (Middle Initial) (Last)			OPERATOR ID NUMBER: (If Known)	
STREET OR P.O. BOX MAILING ADDRESS:		CITY:	STATE:	ZIP:
EMAIL ADDRESS:	HOME PHONE NUMBER: ()		BUSINESS PHONE NUMBER: ()	
EGLE DRINKING WATER AND/OR WASTEWATER CERTIFICATE(S) HELD:			CIRCLE CERTIFICATE(S) APPLYING FOR: F-1 F-2 F-3 F-4	
EMPLOYER NAME: (Current)			WSSN NUMBER:	PHONE NUMBER: ()

- ☐ Check here if you are applying for an exam you were approved for but failed or did not take **OR** are applying to retake an exam for a certification you previously held. **COMPLETE AND MAIL IN PAGE 1 ONLY.**
- ☐ Check here if you are applying for new drinking water certification. **FULLY COMPLETE AND MAIL IN THE ENTIRE APPLICATION.**

CERTIFICATION OF APPLICANT:

I certify that all information provided in this application and attachments (if any) is accurate and complete. I understand that misstatement of facts may result in forfeiture of all rights to certification. I further certify that I have read and understand the instruction for payment of examination fees and I am responsible for an examination fee of **\$70** for each exam applied for. I further understand there are no refunds.

SIGNATURE:	DATE:
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EXAMINATION LOCATION: I PREFER TO TAKE THE WRITTEN EXAMINATION NEAR:

(Indicate 1st, 2nd, and 3rd choice. If the site you select is full, you will be moved.)

- ☐ __ ALLEN PARK ☐ __ DETROIT ☐ __ FLINT ☐ __ GAYLORD ☐ __ HOLLAND
- ☐ __ KALAMAZOO ☐ __ LANSING ☐ __ MARQUETTE ☐ __ PORT HURON ☐ __ YPSILANTI

It is recommended that you make a copy of the completed application for your records. If you would like confirmation that EGLE received your application; please include a self-addressed & stamped postcard.

<p>When paying online at the online payment site (www.thepayplace.com/mi/deq/trainandcertify)</p> <p>Please mail a copy of the payment receipt, the ORIGINAL application, and all documentation to the address below.</p> <p>DO NOT MAIL CHECKS TO THIS ADDRESS</p> <p>EGLE Drinking Water and Environmental Health Division Operator Training and Certification Unit P.O. BOX 30817 Lansing, Michigan 48909-8311</p>	<p>To pay by check, please mail this application, all documentation and appropriate fees of \$70.00 to the address below.</p> <p>Make checks payable to: State of Michigan</p> <p>EGLE Office of Financial Management Revenue Control/Cashier's Office P.O. BOX 30657 Lansing, Michigan 48909-8157</p>	<p>For overnight or express delivery, please send check/credit card receipt, application and all documentation to the address below.</p> <p>Make checks payable to (if applicable): State of Michigan</p> <p>MDOT Accounting Service Center 425 West Ottawa Street Lansing, Michigan 48933</p> <p>For Cashier's Use Only: DWF</p>
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PROVIDE YOUR EDUCATIONAL QUALIFICATIONS BELOW

NAME AND LOCATION OF HIGH SCHOOL OR GED EQUIVALENT: _____

HIGHEST GRADE COMPLETED: _____ YEAR GRADUATED: _____

COLLEGE NAME & LOCATION: _____

DEGREE AND MAJOR: _____ YEAR GRADUATED: _____

CREDIT HOURS ACCUMULATED IF YOU DID NOT COMPLETE YOUR DEGREE _____

REGISTERED PROFESSIONAL ENGINEER? _____ YES _____ NO

REGISTERED PROFESSIONAL ENGINEER REGISTRATION NUMBER: _____

DIRECTIONS FOR COMPLETING PAGES 3-5 OF THIS APPLICATION

COMPLETE TREATMENT SYSTEM – Provide **ONLY** job duties that you routinely perform while working in a drinking water **COMPLETE TREATMENT** system. **DO NOT** check off or describe job duties for work activities that you have performed only once or twice or that you perform infrequently. **DO NOT** check off or describe work activities associated with positions or duties you have performed only in a **DISTRIBUTION SYSTEM**, **LIMITED TREATMENT**, or **WASTEWATER TREATMENT** system. Beginning with your current job (job position #1), work backwards listing previous **COMPLETE TREATMENT** system positions that you believe qualify you for operation experience in a drinking water **COMPLETE TREATMENT** system. If you held various positions with the same employer that had different duties or different levels of responsibility, list them as separate job positions. An example of this would be a promotion from general worker to foreman or from foreman to supervisor. For each **POSITION**, fully describe your job duties in the space provided for job positions 1 and/or 2 and/or 3. Attach additional sheets if you need more space or if you have experience in more than three job positions. Label them as job position 4, 5, etc. There are six drinking water **COMPLETE TREATMENT** system operation job categories. Each job category is divided into specific job duties. Beginning on Page 3, place an “**X**” next to the activities that you **ROUTINELY** perform. Applicants performing a majority of activities within a category are credited with a full job category. Applicants **ROUTINELY** performing at least one of the activities, but fewer than the majority, within a category are credited with half a category. **TWO OR MORE** half categories equal **ONE** full category.

SUPERVISORS: If you **DO NOT ROUTINELY** perform the job duties listed and are not a **FIRST LINE SUPERVISOR** directly overseeing operations in the **COMPLETE TREATMENT** system, **DO NOT CHECK OFF ANY BOXES**. Instead, fully describe your job duties in the space provided **AND** attach copies of both your position description and your water utility or company organizational chart.

COMPLETE TREATMENT SYSTEM EXPERIENCE REQUIREMENTS

NUMBER OF FULL CATEGORIES* WORKING IN	POINTS/MONTH	HIGHEST ALLOWABLE EXAM LEVEL	COMPLETE TREATMENT SYSTEM EXPERIENCE QUALIFICATIONS MUST INCLUDE:
4	1	F-1	F-1 - 60 Points plus: Work in four or more categories for at least one year AND at least three years of operating experience of which one year is in a F-2 system or higher.
3	1	F-2	F-2 - 30 Points plus: Work in three or more full categories for at least one year AND 15 months of operating experience in a F-3 system or higher.
2	½	F-3	F-3 - 15 Points plus: Work in two or more full categories for one year.
1	½	F-4	F-4 - 3 Points

* Experience points awarded from “allied fields” or “education allowed as experience” may be counted as one additional full category. To find out more, go to Michigan.gov/EGLEOperatorTraining or call 517-284-5424.

For Job Position #1, CHECK ONE PRIMARY JOB RESPONSIBILITY: ☐ ADMINISTRATION/CLERICAL ☐ NONSUPERVISORY
☐ DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATIONS ☐ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT
☐ DEPARTMENT/UTILITY DIRECTOR ☐ CITY/TOWNSHIP/UTILITY ENGINEER

EMPLOYER NAME:	WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH and YEAR)	FROM:	TO:

ARE YOU A CONTRACT EMPLOYEE: ☐ YES ☐ NO IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE COMPLETE TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

WATER COMPLETE TREATMENT JOB CATEGORIES: Check all activities that you routinely physically perform in job position #1

COMPLETE TREATMENT PUMP OPERATION

- ☐ Operate Low & High Service Pumps
- ☐ Exercise Plant Valving
- ☐ Operate Standby Power Equipment
- ☐ Operate Chemical Feed Pumps

COMPLETE TREATMENT PLANT MAINTENANCE

- ☐ Maintain & Repair Chemical Feed Pumps
- ☐ Maintain & Repair Low & High Service Pumps
- ☐ Maintain & Repair Electrical Equipment & Controls
- ☐ Maintain & Repair Basins & Piping
- ☐ Maintain & Repair Filters
- ☐ Maintain & Repair Instrumentation

COMPLETE TREATMENT PLANT FILTERS

- ☐ Monitor Filter Performance
- ☐ Adjust Filtration Rates
- ☐ Perform & Monitor Backwash Filter(s) Cycles
- ☐ Calibrate On-Line Instrumentation

COMPLETE TREATMENT CHEMICAL TREATMENT

- ☐ Calculate Chemical Dosage
- ☐ Prepare Chemical Solutions
- ☐ Adjust Treatment Rate
- ☐ Collect Daily Water Samples
- ☐ Ordering and Inspecting Chemical Deliveries

COMPLETE TREATMENT LABORATORY

- ☐ Collect Drinking Water Samples
- ☐ Perform Bacteriological Tests
- ☐ Perform Daily Chemical/Turbidity Tests
- ☐ Perform Analysis using GS/MS Chromatograph and Atomic Adsorption
- ☐ Prepare Reagents & Calibration Standards
- ☐ Calibration of Online Instrumentation

COMPLETE TREATMENT PLANT ADMINISTRATION

- ☐ Complete EGLE Operation Reports
- ☐ Respond to Customer Complaints
- ☐ Schedule Routine Maintenance
- ☐ Maintain Spare Parts & Chemical Inventory
- ☐ Prepare Treatment Plant Budgets
- ☐ Train & Manage Treatment Plant Personnel
- ☐ Prepare & Maintain Emergency Plans

During the time period worked in this job position, I spend _____ percent of my time routinely performing the above job categories and the following job duties. *(Fully describe your job duties for this position. Attach additional sheets if needed.)*

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

- ☐ I am this employee's **IMMEDIATE SUPERVISOR** ☐ I am the **OPERATOR IN CHARGE** at this WSSN

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE: _____ PHONE NUMBER:(____)_____

SIGNATURE: _____ DATE: _____

For Job Position #2, CHECK ONE PRIMARY JOB RESPONSIBILITY: ☐ ADMINISTRATION/CLERICAL ☐ NONSUPERVISORY
 DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATIONS ☐ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT
☐ DEPARTMENT /UTILITY DIRECTOR ☐ CITY/TOWNSHIP/UTILITY ENGINEER

EMPLOYER NAME:	WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH and YEAR)	FROM:	TO:

ARE YOU A CONTRACT EMPLOYEE: ☐ YES ☐ NO IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE COMPLETE TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

WATER COMPLETE TREATMENT JOB CATEGORIES: Check off activities that you routinely physically perform in job position #2

COMPLETE TREATMENT PUMP OPERATION

- ☐ Operate Low & High Service Pumps
- ☐ Exercise Plant Valving
- ☐ Operate Standby Power Equipment
- ☐ Operate Chemical Feed Pumps

COMPLETE TREATMENT PLANT MAINTENANCE

- ☐ Maintain & Repair Chemical Feed Pumps
- ☐ Maintain & Repair Low & High Service Pumps
- ☐ Maintain & Repair Electrical Equipment & Controls
- ☐ Maintain & Repair Basins & Piping
- ☐ Maintain & Repair Filters
- ☐ Maintain & Repair Instrumentation

COMPLETE TREATMENT PLANT FILTERS

- ☐ Monitor Filter Performance
- ☐ Adjust Filtration Rates
- ☐ Perform & Monitor Backwash Filter(s) Cycles
- ☐ Calibrate On-Line Instrumentation

COMPLETE TREATMENT CHEMICAL TREATMENT

- ☐ Calculate Chemical Dosage
- ☐ Prepare Chemical Solutions
- ☐ Adjust Treatment Rate
- ☐ Collect Daily Water Samples
- ☐ Ordering and Inspecting Chemical Deliveries

COMPLETE TREATMENT LABORATORY

- ☐ Collect Drinking Water Samples
- ☐ Perform Bacteriological Tests
- ☐ Perform Daily Chemical/Turbidity Tests
- ☐ Perform Analysis using GS/MS Chromatograph & Atomic Adsorption
- ☐ Prepare Reagents & Calibration Standards
- ☐ Calibration of Online Instrumentation

COMPLETE TREATMENT PLANT ADMINISTRATION

- ☐ Complete EGLE Operation Reports
- ☐ Respond to Customer Complaints
- ☐ Schedule Routine Maintenance
- ☐ Maintain Spare Parts & Chemical Inventory
- ☐ Prepare Treatment Plant Budgets
- ☐ Train & Manage Treatment Plant Personnel
- ☐ Prepare & Maintain Emergency Plans

During the time period worked in this job position, I spend _____ percent of my time routinely performing the above job categories and the following job duties. *(Fully describe your job duties for this position. Attach additional sheets if needed.)*

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

☐ I am this employee's **IMMEDIATE SUPERVISOR** ☐ I am the **OPERATOR IN CHARGE** at this WSSN

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE: _____ PHONE NUMBER: (____) _____

SIGNATURE: _____ DATE: _____

For Job Position #3, CHECK ONE PRIMARY JOB RESPONSIBILITY: ☐ ADMINISTRATION/CLERICAL ☐ NONSUPERVISORY DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATIONS ☐ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT ☐ DEPARTMENT/UTILITY DIRECTOR ☐ CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:	WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH and YEAR)	FROM:	TO:

ARE YOU A CONTRACT EMPLOYEE: ☐ YES ☐ NO IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE COMPLETE TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

WATER COMPLETE TREATMENT JOB CATEGORIES: Check off activities that you routinely physically perform in job position #3

COMPLETE TREATMENT PUMP OPERATION

- ☐ Operate Low & High Service Pumps
- ☐ Exercise Plant Valving
- ☐ Operate Standby Power Equipment
- ☐ Operate Chemical Feed Pumps

COMPLETE TREATMENT PLANT MAINTENANCE

- ☐ Maintain & Repair Chemical Feed Pumps
- ☐ Maintain & Repair Low & High Service Pumps
- ☐ Maintain & Repair Electrical Equipment & Controls
- ☐ Maintain & Repair Basins & Piping
- ☐ Maintain & Repair Filters
- ☐ Maintain & Repair Instrumentation

COMPLETE TREATMENT PLANT FILTERS

- ☐ Monitor Filter Performance
- ☐ Adjust Filtration Rates
- ☐ Perform & Monitor Backwash Filter(s) Cycles
- ☐ Calibrate On-Line Instrumentation

COMPLETE TREATMENT CHEMICAL TREATMENT

- ☐ Calculate Chemical Dosage
- ☐ Prepare Chemical Solutions
- ☐ Adjust Treatment Rate
- ☐ Collect Daily Water Samples
- ☐ Ordering and Inspecting Chemical Deliveries

COMPLETE TREATMENT LABORATORY

- ☐ Collect Drinking Water Samples
- ☐ Perform Bacteriological Tests
- ☐ Perform Daily Chemical/Turbidity Tests
- ☐ Perform Analysis using GS/MS Chromatograph and Atomic Adsorption
- ☐ Prepare Reagents & Calibration Standards
- ☐ Calibration of Online Instrumentation

COMPLETE TREATMENT PLANT ADMINISTRATION

- ☐ Complete EGLE Operation Reports
- ☐ Respond to Customer Complaints
- ☐ Schedule Routine Maintenance
- ☐ Maintain Spare Parts & Chemical Inventory
- ☐ Prepare Treatment Plant Budgets
- ☐ Train & Manage Treatment Plant Personnel
- ☐ Prepare & Maintain Emergency Plans

During the time period worked in this job position, I spend _____ percent of my time routinely performing the above job categories and the following job duties. *(Fully describe your job duties for this position. Attach additional sheets if needed.)*

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

☐ I am this employee's **IMMEDIATE SUPERVISOR** ☐ I am the **OPERATOR IN CHARGE** at this WSSN

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER COMPLETE TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS

NAME AND TITLE _____ PHONE NUMBER(____) _____

SIGNATURE _____ DATE _____

PRINT THIS PAGE FOR YOUR RECORDS ONLY
DO NOT mail a copy to EGLE with your application

Authority Governing the Certification of Water Works Personnel in Accordance with State Law and Administrative Rules
(Excerpts from the Act and Rules as Amended 12/4/2009)
SAFE DRINKING WATER ACT – 1976 PA 399, as amended

An Act to protect the public health; to provide for supervision and control over public water supplies; to prescribe the powers and duties of the department of environmental quality; to provide for the submission of plans and specifications for waterworks systems and the issuance of construction permits therefore; to provide for the capacity assessments and source water assessments of public water supplies; to provide for the classification of public water supplies and the examination, certification and regulation of persons operating those systems; to provide for continuous, adequate operation of privately owned, public water supplies; to authorize the promulgation of rules to carry out the intent of the act; to create the water supply fund; to provide for the administration of the water supply fund; and to provide penalties.

Sec. 9 (1) The department shall classify public water supplies, including water treatment and distribution systems at community supplies with regard to size, type, location, and other physical conditions for the purpose of establishing the skill, knowledge, and experience that individuals need to maintain and operate the systems effectively.

(4) For individuals meeting the requirements, the department shall issue certificates acknowledging their competency to operate a specified class of waterworks system or portion of waterworks system. The department may suspend or revoke a certificate as specified by rule.

(5) A public water supply shall be under the supervision of a properly certified operator as specified in the rules.

THE RULES TO IMPLEMENT ACT NO. 399, P.A. 1976 - R 325.10101 TO R 325.12606

DEFINITIONS FROM RULE 103.

(d) "Certificate" means a document that is issued by the department to a person who meets the qualification requirements for operating a waterworks system or a portion of the waterworks system.

(e) "Certified operator" means an operator who holds a certificate.

CLASSIFICATION OF TREATMENT AND DISTRIBUTION SYSTEMS

CLASS	POPULATION	DESIGN CAPACITY
Complete Treatment		
F-1	Greater than 20,000	Greater than 5 MGD
F-2	4,000 to 20,000	2 to 5 MGD
F-3	1,000 to 4,000	0.5 to 2 MGD
F-4	Less than 1,000	Less than 0.5 MGD
Other Treatment		
D-1	Greater than 20,000	Greater than 5 MGD
D-2	4,000 to 20,000	2 to 5 MGD
D-3	1,000 to 4,000	0.5 to 2 MGD
D-4	Less than 1,000	Less than 0.5 MGD
Distribution		
S-1	Greater than 20,000	-----
S-2	4,000 to 20,000	-----
S-3	1,000 to 4,000	-----
S-4	Less than 1,000	-----

R 325.11910. APPLICATION FOR EXAMINATION; NOTICE TO ACCEPTED APPLICANTS OF EXAMINATION.

Rule 1910. (1) To be certified for the operation of a public water supply other than a class F-5, Class D-5, or Class S-5, an individual shall submit to the department, not less than 60 days before the announced examination date, an application for examination on a form provided by the department. To be certified for the operation of a class F-5, class D-5, or class S-5 an individual shall submit, to the department, not less than 20 days before the examination date, an application for examination on a form provided by the department. The information contained on the application shall be evaluated by the department, shall be subject to review by the advisory board, and shall constitute a part of the examination. The department may require verification of the education and experience of an applicant for an examination.

(2) Not less than 15 days before the examination, the department shall notify all applicants of its findings and shall notify those applicants accepted for examination of the date, time, and place of the examination.

R 325.11911. APPLICANT FOR CERTIFICATION; GRADING.

Rule 1911. (1) An applicant for certification shall be graded in four major divisions as follows:

- (a) Educational qualifications of the applicant.
- (b) Experience qualifications of the applicant, where applicable.
- (c) The examination.
- (d) The laboratory examination, where applicable.

(2) An applicant shall satisfy the minimum criteria established by the department as outlined in table 1 for educational qualifications before admission to the examination.

(3) Criteria used for grading shall be determined by the department subject to the approval of the advisory board and shall be made available by the department.

(4) An applicant for certification may be required to submit, to the department, on request, names of persons familiar with the experience qualifications of the applicant.